PATENT ATTORNEY DOCKET NO. 50125/114001

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, we hereby declare that:

Our residence, post office address, and citizenship are as stated below next to our names.

We believe we are the original, first, and joint inventors of the subject matter that is claimed and for which a patent is sought on the invention entitled TREATMENT OF NEURODEGENERATIVE DISEASES BY THE USE OF ATP7A, the specification of which was filed on July 26, 2006 as Application Serial No. 10/587,426, which is the U.S. National Stage of PCT/EP2004/013538, filed November 29, 2004.

We hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims.

We acknowledge the duty to disclose all information we know to be material to patentability in accordance with 37 C.F.R. § 1.56.

FOREIGN PRIORITY RIGHTS: We hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or (f), or § 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and have also identified below any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Country	Serial Number	Filing Date	Priority Claimed?
WIPO	PCT/EP2004/004891	05/07/04	Yes
EP	04001895.4	01/29/04	Yes

PROVISIONAL PRIORITY RIGHTS: We hereby claim priority benefits under 35 U.S.C. § 119(e) of any United States provisional patent application(s) listed below filed by an inventor or inventors on the same subject matter as the present application and having a filing date before that of the application(s) of which priority is claimed:

Serial Number	Filing Date	Status

NON-PROVISIONAL PRIORITY RIGHTS: I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Serial Number	Filing Date	Status

We hereby appoint the attorneys and/or agents associated with customer number 21559 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence relating to this application to the address associated with customer number 21559.

Address all telephone calls to: Kristina Bieker-Brady, Ph.D. at 617-428-0200.

Residence Address

(City, State, Country)

Full Name

Signature:

(First, Middle, Last)

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Post Office Address

(Street, City, State, Country)

Country of

Citizenship

Date:

Carsten Hopf	Mannheim, Germany	Nietzschestrasse 30 Mannheim Germany 68165	Germany
Signature: 54	- boy		/5.05.230テ Date:
Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	Country of Citizenship
Gerard Drewes	Heidelberg, Germany	Burgstrasse 13 Heidelberg Germany 69121	Holland
Signature:	leur		/4.5.2007 Date:
Signature:	Leur		1
Signature: Full Name (First, Middle, Last)	Residence Address (City, State, Country)	Post Office Address (Street, City, State, Country)	1
Full Name		Post Office Address	Date: